Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/28/2014	Street:	3300 Block of Harlan Street	
Incident #:	14ISPC009283	Apt, Lot, Room #:		
County:	Marion	City:	Indianapolis	
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
_	phorous/Iodine Reaction(s): Trunk of Car		☐ Anhydrous Ammonia: ☐ Corrosive Acid: Trunk of Car	
Hydrochloric Acid Gas Generator(s): Flammable Solvents: Trunk of Car				
Water Reactive Metal (Lithium): <u>Trunk of Car</u> ☐ Other (item and location):				
Child under age 18 discovered (check appropriate)				
☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often		Living conditions of home: clean disarray unclean time tenden time t		
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:	<u>Tamela Donahue</u> <u>1G4AG5544R6477772</u> <u>1994</u>	Make: Model: Color:	Buick Century Beige	
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: <u>Indianapolis</u> Health Department County: <u>Marion</u> Department of Child Services Hotline: <u>dcshotlinerepo</u>		Fax: <u>Em</u> Fax: <u>Em</u> ports@dcs.in.gov	nail e	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Phone				
*This form is to b scene processing.	e faxed to the Fire Department, Health Department	ment and/or Departr	nent of Child Services listed within 24 hours of	